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*Published in:*  
The Gerontologist

*DOI:*  
[10.1093/geront/gnx161](https://doi.org/10.1093/geront/gnx161)

**IMPORTANT NOTE:** You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

*Document Version*  
Publisher's PDF, also known as Version of record

*Publication date:*  
2019

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*  
Rutagumirwa, S., & Bailey, A. (2019). "I Have to Listen to This Old Body": Femininity and the Aging Body. *The Gerontologist*, 59(2), 368–377. <https://doi.org/10.1093/geront/gnx161>

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## Research Article

# “I Have to Listen to This Old Body”: Femininity and the Aging Body

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Received: November 11, 2016; Editorial Decision Date: August 30, 2017

**Decision Editor:** Helen Q. Kivnick, PhD

## Abstract

**Background and Objectives:** This study explores how older women with low socioeconomic status living in rural Tanzania give meaning to their (aging) body in relation to the ideals of femininity.

**Research Design and Methods:** Ten qualitative in-depth interviews and 10 focus group discussions ( $N = 60$ ) were conducted among women aged 60 and older.

**Results:** The findings reveal that older women perceive their aging body as “a burden.” This characterization of the body is linked to the inability of the aging body to live up to the women’s gendered lives. The conflict between their physical limitations and the desire to perform gendered tasks (internalized feminine habitus) affect the women’s process of self-identification. This led to emotional distress and subsequently threatened their survival and well-being.

**Discussion and Implications:** The results suggest that older women need to be supported through interventions that are tailored to their cultural and socioeconomic context.

**Keywords:** Aging body, Bourdieu capital, African femininity, Poverty

The central role of the “body” in the process of aging has been increasingly recognized in gerontology and feminist studies (Krekula, 2007; Siverskog, 2015; Twigg, 2004). The condition of the body is viewed as an important marker of aging (Clarke & Korotchenko, 2011). As Twigg observed, “There is a limit to the flexibility of the body as we age” (Twigg, 2009, p.8). While it is truism that the body changes over the course of life, the meanings ascribed to the (changing, aging) body are gendered, and embedded within a cultural setting (Gullette, 2004; Schwaiger, 2012; Tulle, 2015). Moreover, the condition of an older person’s corporeal body has different implications depending on the person’s gender and context (Calasanti & King, 2007; Siverskog 2015). Old age is understood to be more challenging for women compared to their male counterparts. There is a stereotype often tied around the

way men and women age. It is assumed that women lose their physical attractiveness, identity, and social visibility as they age (Sandberg, 2013) with few notable exceptions (e.g., Hogan and Warren, 2012). Studies conducted in the western context have shown that women are more likely to be associated and/or identified by their physical appearance than men (Krekula, 2007). Calasanti and Slevin (2001) and Lodge and Umberson (2013) argued that women are encouraged to rate themselves according to youthful standards, and that they feel increasing levels of shame and guilt as they age. Arguably, women are disadvantaged in later life because of the intersection between ageism and sexism. This experience however varies depending on such categories as class, age, nationality, socioeconomic status, ethnicity, sexuality, and religion (Calasanti and Slevin, 2006; Thorpe, Fileborn, Hawkes,

Pitts, and Minichiello, 2015). This paper explores how aging women of low socioeconomic status living in rural communities give meaning to their (aging) body in relation to ideals of femininity.

## The Theoretical Framework

Gerontologists have been slow to incorporate Bourdieu's theory of capital into aging research. Given this gap, our aim in this article is to explicate this framework for gerontologists by describing the theoretical rationale that underlies the concept of capital, and its applicability to studying the aging body in non-western societies. Bourdieu (1986) identified various categories of capital namely: economic capital, cultural capital, social capital, and symbolic capital.

Economic capital is related to a person's wealth and income (Bourdieu, 1986). Cultural capital encompasses the skills, knowledge, and dispositions that are typically acquired thorough socialization and education (Bourdieu, 1986). Social capital consists of "the connections and networks people implore in their effort to achieve a specified goal" (Bourdieu, 1986). Symbolic capital refers to the status, reputation, or prestige that these forms of capital might underpin. According to Bourdieu (1984), the physical body is also a form of capital (body capital) and can be converted into other forms of capital.

Bourdieu (1977) defined habitus as the "system of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them" (p. 72). According to Bourdieu (1977), social habitus is inscribed in the body; an individual's relationship to the dominant culture is conveyed through a range of bodily activities, including the way one walks, speaks, and acts (Bourdieu, 1977; Shilling, 2003). Habitus can be acquired either formally or informally through a process of socialization (Bourdieu, 2001). Gender is among the most powerful habitus/schema humans use to guide behavior (Bourdieu, 2001; Skeggs, 2004). For instance, in traditional Tanzania, femininity habitus is culturally acquired in a uniformed and structured way; i.e., through *Unyago* or female initiation rites (Ntukula, 1994; Tumbo-Masambo, 2004).

*Unyago* is a system of informal education often offered to girls, after their first menstrual encounter. The training is offered by an older woman called "*Kungwi*" and the training is intended to prepare the girls to acquire feminine cultural capital in the form of habitus by regulating and endorsing culturally accepted norms of womanhood (Ntukula, 1994; Tumbo-Masambo, 2004). *Unyago* is conducted in three phases; separation, transition (liminality), and reintegration (Turner, 1967; Tumbo-Masambo, 2004).

In the separation phase, the initiate or "*mwali*" is sent to stay in a special house, where she is separated

from everyday existence, and is trained on womanhood "*kufundwa*". This is the stage that Turner (1967) has called "a period of seclusion." It is a liminal stage in which the initiate is temporarily removed from the society and is prepared to re-enter (Turner, 1967). During seclusion the girl is indoctrinated, usually referred to "*kumfundamwali*". The initiate is now expected to prepare for future roles as a wife and a mother. She receives instructions on life skills, including gender roles, social responsibilities, marriage practices, sexual behavior, and relationships with male partners (Tumbo-Masambo, 2004). This educational experience also prepares the girls mentally, physically, emotionally, and morally for womanhood (Agnarson, Strömdahl, Levira, Masanja, and Thorson, 2015; Tumbo-Masambo, 2004) as the young girls, through *Unyago*, learn and absorb, "feminine cultural capital".

Once she has undergone the ceremony, the adolescent girl becomes ready to formally transit into adulthood. The graduation ceremony is one of the important elements of the ritual: the "new woman" is given gifts, new clothes, and a new name to symbolize her new life as an adult woman (Ntukula, 1994; Tumbo-Masambo, 2004).

After the initiation and graduation, the "new woman" is expected to demonstrate a change in behavior (Agnarson, Strömdahl, Levira, Masanja, and Thorson, 2015; Turner, 1967). She is expected to behave as an adult as she awaits to partake on her feminine roles of mother and wife. It is anticipated that a girl who has been initiated, "*aliyefundwa*," will soon get married and perform her gender roles as expected in the society. Thus, the function of *Unyago* is to reproduce the values of a culture; as it provides a cultural script that regulates gender performance (Butler, 1990). It is important, therefore, to examine how individuals negotiate these gendered cultural scripts later in life.

## Gender Roles in Marriage in Tanzania

Among various ethnic groups in Tanzania, marriage is a rite and an important social institution. Marriage is celebrated, respected, and held in high esteem (Otiso, 2013). The most common marriages in Tanzania are heterosexual monogamous and polygamous unions; both official (legalized) and unofficial polygamy marriages (co-wives as a mistress or a sex workers) are common (Howland and Koenen, 2014).

In traditional Tanzania, gender roles in marriages (monogamous and polygamous) are articulately defined—for instance, women are responsible for such household chores as fetching water and firewood, preparing food, caring for children and livestock, and performing light farm duties like the cultivation of food crops. Conversely, men prepare land for cultivation, care for large livestock, market produce, and make important financial and social decisions on behalf of the family (Coles and Mitchell, 2011; Otiso, 2013). Scholars such as Otiso (2013) and Mtenga, Geubbels, and Tanner (2016) argue that increase in female education, modernization, the effect of HIV/AIDS, and

rural–urban migration have caused significant changes in the traditional roles of women. These changes have progressively allowed women to perform roles that were traditionally reserved for men. Coles and Mitchell (2011), however, argue that these changes do not necessarily change long-held gender norms that men and women tend to adhere to where men and women assume the roles of breadwinner and domestic roles, respectively.

Tanzania is largely a patriarchal society in which common norms of gender roles in marriages still persist (Ezer, 2006). Men are believed to have social advantages over women. In regard to rights and privileges, men have more opportunities and rights than women in Tanzania. Majority of the women in marriages are marginalized (Ezer, 2006; Oriso, 2013). However, we argue that, the heterogeneity of various tribal societies in Tanzania and intense socioeconomic and cultural changes that Tanzania has experienced in the last century makes it impossible to generalize gender roles in marriages.

## Methods

### Participants

A qualitative study was carried out among women (over 60 to 80) of low socioeconomic status living in the rural Pwani (coastal) region of Tanzania. The study was conducted from November 2012 to June 2013 and successfully obtained approval from the relevant ethics committees. Purposive and snowball sampling strategies were used when conducting the study. Participation was voluntary.

Since this is an interpretive study emphasizing the people's perceptions of meaning (Schoenberg, Miller, & Pruchno, 2011), grounded-theory method was used. We explored the following research questions: What kind of habitus is associated with ideal femininity? How do older women give meaning to their (aging) body in relation to ideals of femininity?

### Data Collection Procedures

Ten in-depth interviews (IDIs) were conducted among older women. The goal of the IDIs was to gather information about individuals' meanings of aging body in relation to femininity. The first author interviewed each participant in a place of their choice with most of them preferring their homes—usually in the kitchen, or *nyumayanyumba* (the back of the house). The length of interviews ranged from 1 to 2 hours. Each interview started with open-ended questions. The open questions were designed to establish a rapport and to give participants an opportunity to direct the research discussion. Example of prompts included, Does age-related changes (e.g., body functioning) affect how you view your personal feminine identity? Commonly, participants compared and contrasted their current experiences of “performing gender” with that of their younger selves.

In line with grounded-theory methods, the salience of such comparisons was investigated.

Ten (10) focus group discussions (FGDs) ( $N = 60$ ) were also conducted among women of similar age bracket. The purpose of the FGDs was to identify shared meanings and expectations in regards to femininity. All of the discussions were led by the first author assisted by a trained qualitative researcher. The FGDs were conducted at places and times convenient for participants and lasted for one and a half to 2 hours. The group discussions engaged the participants in such questions as: What is the number one thing that women are judged about in your society? What characteristics define ideal femininity in your culture? Consistent with grounded-theory methods, interviewers probed when necessary to gain additional understanding. Data were collected until theoretical saturation was reached (Corbin & Strauss, 2008). All interviews and FGDs were conducted in Kiswahili, audiotaped, transcribed verbatim and then translated into English.

## Analysis

Data collection and analysis were concurrent (Corbin & Strauss, 2008). Initially, each transcript was coded line-by-line, using participants' language as label coding and then the data were entered open in Atla.ti 7 to manage the coding process. Through open coding, we identified categories related to the suggested research questions (Corbin & Strauss, 2008) and then used axial coding to organize the concepts and categories discovered in relation to one another. We then employed selective coding—the process of choosing the core categories that all the other categories relate to or theme (Corbin & Strauss, 2008). The validity of the study was further enriched by analyzing memos. At that point, two core themes emerged; the aging body is “deficient” and “incompatible” with femininity, and the decline of the body represents a loss of vital economic capital.

## Results

### The Aging Body as “Deficient” and “Incompatible” With Femininity

The first theme is, the aging body is “deficient” and “incompatible” with femininity. From the FGDs, certain attributes (habitus) associated with femininity emerged (see Table 1). These attributes, which provide the women with respect and honor, are socially expected, and are therefore performed in compliance with these expectations (symbolic capital). Majority of the participants said they perceive their body as constituting their core capital for performing femininity, and expressed disappointment with the apparent decline in their body capital caused by the aging process. The participants' narratives revealed that they believe their body capital has diminished as they age, and that their

**Table 1.** Feminine Habitus and Lived Experience of Femininity in Later Life

Feminine attributes cultural capital—habitus	Shared expectations of femininity (extract from focus group discussions)	Lived experience of femininity in later life—individual narratives
Obedience, diligence, humble, & submissive	<p>“... We were told a good woman must agree to whatever her (husband) tells her, that she ought to obey him. ... The <i>kungwi</i> (instructor) said, ‘Don’t bring us shame. When your husband instructs you to do something, do it immediately; don’t say, ‘Why do you bother me?’ You listen carefully and do what he says’...”</p> <p>“We were taught to be humble towards our husbands, in-laws, and all close relatives... She said a woman is married to the whole family and not just to her husband.”</p>	<p>“... A good woman is judged by her ability to perform her duties, to care for her husband...to care for her own body... As a wife I had been doing everything for him (husband) just like we were taught in <i>Unyago</i>...I cannot do that anymore... I don’t have that energy... I am weak (pause). The things he used to enjoy in the past he does not enjoy anymore...” (Bi Mwajuma, 71 years old).</p>
Hardworking and sacrifice	<p>“... We were told to love our husbands first... she said that a man is a stomach, meaning you should never let your husband be hungry or starve...So when there is not enough food, you, the woman can just lick the pot and give all of the food to your husband.”</p> <p>“... We were taught to care and feed the family...a starving family is a woman’s shame...”</p>	<p>“... As I age my body fails; my ability to take good care of him (husband) and of my grandchildren diminishes... You fail to perform other normal activities... You feel that you are incomplete; you feel helpless and empty, and from that feeling of emptiness arises anxiety and the feeling of being an ‘incomplete woman’” (Bi Idaya, 72)</p>
Caring, nurturing and supportive	<p>“... She, <i>kungwi</i>, said respect him (husband) because he took you from your parents’ home into his own home, so you should perform various services for him, like cooking food for him, feeding him, washing his clothes, and doing many more domestic chores.”</p> <p>“We were instructed that it is our duty (women) to farm, cook, fetch water, keep house...we were prepared to be good future wives and mothers ...”</p> <p>“... A good woman has to be a hard worker; if you are lazy your husband will either divorce you or marry another wife.”</p>	<p>“... When I was energetic I could wash his clothes well, cook him a nice meal, and clean the house and my body. People could comment, ‘She is a really good wife’... I cannot do that anymore, my body won’t let me... When I was energetic my family never starved...” (Bi Sophia, 69 years old).</p>
Quite, respectful, calm Endurance, tolerance Perseverance	<p>“... the instructor said you should show your husband respect by listening to and doing what he says; greet him with respect. If he scolds you don’t dare to talk back. If you feel angry just find a way to let it out or, as they say, you drink water ... You have to respect the man as he is the head of the family.”</p> <p>“Respect your husband! No matter what he does ... And even if you hear that he went to another woman, persevere; if he comes back to you, it means he still loves you ... (She said that) if you are good mannered you’ll live happily. But if you’re ill-mannered, all the teachings that were passed to you will be in vain ...”</p>	<p>“... In the past when I was energetic I would take the bucket of water in the bathroom and I would tell Baba Mwajuma (husband), ‘The water is ready, please go and take your shower’... But I can’t do that anymore... I can’t do anything with this old body... Now I tell Baba Mwajuma to take some water and go to the bathroom! I don’t feel good as a woman. This is my duty.... but there is nothing I can do...” (Bi Mayasa, 64 years old).</p>

body has become a burden as compared to the way it was perceived in their youthful times (see Figure 1). The participants further reported that their decline in bodily function has been accompanied by a shift in the enactment and the achievement of ideal femininity. Bi Zuena explained this phenomenon as follows:

“Lack of body strength is the main reason women of my age fail to perform normal chores... You know women here are the ones doing everything... I mean everything in the house...! Women do the cooking ...women are working on the farm, fetching firewood and fetching water far from the village...When I was young, I could



do all these chores and many other things as well. I could farm, fetch water, cook...as I age everything in the family turns upside down... I want to do this and that...but my body does not let me...I pull myself *mia mia mia mia* (mimicking the movement of her body and her struggle to make her body act in accordance with her wishes), but my body refuses... It's like my body betrays me" (Bi Zuená, 69 years).

Body betrayal was a term the participants used to describe the conflict that arose between their need to continue to perform their feminine roles, and the loss in capability by their aging body to do so. This inability to meet expectations resulted in the "feeling of being a failure" and "the feeling of being incomplete" (see Figure 1). This perception was illustrated further in Bi Mwajuma's observation (see Table 1) that doing her daily chores helped her realize her value as a woman and earned her respect from her husband. With her physical condition deteriorating, Bi Mwajuma felt like she was losing her husband's respect. Another example of this conflict was provided by 72-year-old Bi Idaya (see Table 1). Bi Idaya's narrative reveals a tension that most of the older women in this study reported encountering in their daily life; i.e., the clash between the perceived responsibility to be a good wife (symbolic capital) and the inability (body capital) to meet these expectations (expected femininity) in old age (see Table 1).

Overall, the participants' experiences reflect the pressure older women encounter in seeking to meet expectations of femininity that they cannot fulfil because of bodily limitations related to aging. "The heart desires but the body refuses" was an expression often used to describe this experience. For instance, Bi Mwamvita, a 70-year-old participant who was living in one of the poorest neighborhoods of Kisarawe with five grandchildren and her 86-year-old husband, said that as much as she wants to care for her destitute husband and the grandchildren that depend on her, her weakened body would not allow her to do so:

"I say to myself, I wish I was strong enough to do what I used to do, but my body is already weak" (Bi Mwamvita, 70 years).

Thus, she described her body as "betraying her desires" (see Figure 1).

### Decline of the Body as a Source of Vital Economic Capital

The second theme is, the decline of the body represents a loss of vital economic capital. The experiences cited under this theme suggest that for the majority of women in rural settings, their body's ability to work is an important form of capital. Not only is it useful to sustain their feminine identity but also to provide economic security to their

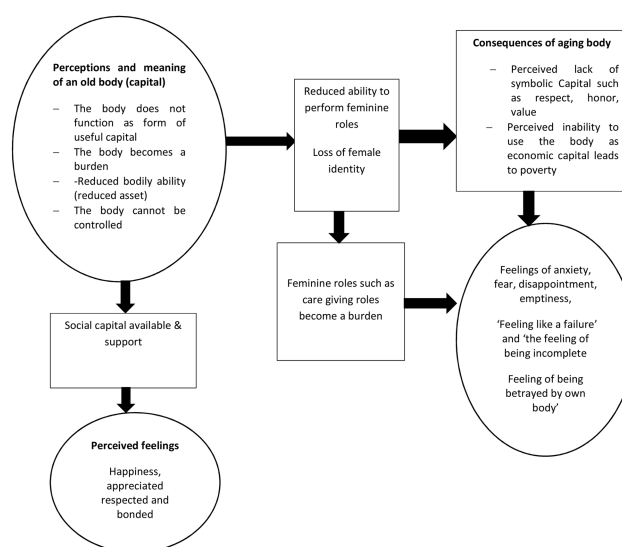


Figure 1. Doing femininity with an old body (capital).

families. The participants pointed out that in most households the women feed the family from their small farms. This seems to be the main reason why the ability of the body is perceived as a necessary asset. Thus, the participants were most likely to cite the reduction in their body's abilities (as a form capital) as the cause of the poverty in their family. Bi Maimba narrates:

"...It's not like in the olden days when I was young and energetic. I would till the land: *Tu! Ti! Ti! Ti!* (Mimicking the body movement). That time is gone...it is gone ...I don't have strength to dig like I used to...I feel like I don't have control over my body anymore. When I wake up I have to listen to what this old body tells me first...I cannot do much with this body. When I start digging, I dig and I pause for a while ... I touch my back... if I do a lot my body will caution me... But in the old days I would dig non-stop... My body is not as strong as it used to be! I can't control it.....As much as I would want to; there is nothing I can do .... We are all starving. I spend many hours digging, but when I look back what I have done, it's almost nothing ... I don't have energy to do many of the other activities I used to do, but I have to force myself to do them in order to survive ... That's how we end up being poor ..." (Bi Maimba, 70 years).

From their narratives, we deduced that the participants' perception that the body is "the only asset a poor woman has," is linked to her lack of access to resources and the disadvantages she may have accumulated over her lifetime. The participants said they perceive having an aging body as a burden. This is because the aging body cannot be easily converted into economic capital. This then leads to poverty and subsequently, the woman loses her respectability (see Table 1). One participant from a FGD commented:

“Our body’s strength is our main asset... we own nothing... we face the threat of poverty in old age... we don’t inherit property... when we become old our body loses the strength to farm; that’s why our condition is terrible” (FGDs).

Widows were seen to suffer more than their married counterparts from the decline in body’s strength. Widows who did not inherit sufficient property were viewed as being more predisposed to poverty. Many of the participants alleged that “widows are living in hell” because of the many losses that come with widowhood: (a) the loss of the partner, (b) the loss of assets (i.e., land and houses), (c) the loss of social networks, (d) the loss of respect, (e) the loss of opportunities, (f) the loss of security. However, being a widow was also linked to “performing femininity” with a degree of autonomy and independence. This is because widows make the decisions in their households. Anna, a 69-year-old widow, commented:

“I am a grandmother and grandfather at the same time ... I am the overall decision-maker here ... but this makes my load even bigger; with this weak body I have to handle everything ... I have to know what to do when the wall falls down, I have to do the household chores, I have to know how the grandchildren get to school .... Because I am alone I have to double my brain ... double my energy in order to survive” (Bi Anna, 69).

When Bi Anna said “I have to double my brain ... double my energy in order to survive,” she meant that having an increased degree of autonomy and independence in the household is accompanied by increased responsibilities. As a widow, she has to perform the roles of woman and man in the household, albeit with limited bodily abilities.

It should be noted that a diversity of experiences and perceptions of the body and of feminine roles was seen not only among the widows but also among a few of the married women who had support from significant others (social capital). For instance, the participants pointed out that when family members such as daughters, daughters-in-law, spouses, and older grandchildren are present and become a source of support, they feel relief from the need to perform rigorous physical tasks. Being offered such support was described as a cause for happiness, as it indicated that the woman is respected and has a strong bond with her relatives (see Figure 1). This implies that social capital plays a crucial role in the way older women perceive their body and their feminine roles within the households, including the level of respect they are shown by their family (symbolic capital) and their well-being.

## Discussion

The purpose of this study is to shed light on how aging women who live in the rural areas and are of low socioeconomic status give meaning to their aging body in relation to

ideals of femininity. Our findings provide evidence that bodies are perceived as the mediums through which individuals embody gendered selves. The findings reveal that femininities as forms of cultural capital are acquired and internalized in the form of habitus (through *Unyago*), and enfranchise ideals of gendered behavior that are formed and reshaped in interaction with others (Calasanti, 2010). Our findings reveal that the “habitus” that older women acquire through the cultural socialization of gender (*Unyago*) actively functions in their later life; molding their perceptions, thoughts, actions, and shaping their social practices in a regular and highly uniform way (see Table 1). We argue that older women are predisposed to act in particular ways as a result of the habitus acquired through past experiences. This acts as an “internalized set of tacit rules governing strategies and practices in the field” (Bourdieu, 2001).

By applying Bourdieu’s theory of capital to understand the meaning older women give to their (aging) body, we are able to see that other forms of capital (economic, symbolic, and cultural capital) are under threat due to the decline in the functionality of the aging body. The findings of this study seem to build in particular on the work of Butler. Butler argued that once internalized, feminine traits (habitus) provide a framework through which women assign meaning to their daily life, develop a sense of identity, and organize their perceptions (Butler, 1990, p.25). *Unyago* plays this role as it provides a cultural script that regulates gender performance. Butler further argues that “the script or model” is already determined within the cultural regulatory frame (Butler, 1990, p.25), thus, one does not willingly choose to perform one gender or another. Our findings tend to back up these assertions, for instance, when a woman is able to successfully repeat gender performance, she maintains her status/respect, and thus her “symbolic capital.” On the other hand, a woman who fails to invoke her gender norms successfully loses her status within her family and community, and can negatively affect her husband’s image or reputation in the community.

The man gains respect based on the attention and care he receives from his wife/wives (see Table 1). Masculine and feminine symbolic capital is directly related to the feminine body, or to the female body’s ability to perform gender-assigned roles. In this way, women are turned into objects by the masculine gaze, and the woman’s value depends on her capacity, as a female object, to attract the attention of a man (by performing gender in a similar way). As Butler argued, “people constantly repeat and invoke gender norms, thus making the norms seem like a timeless truth” (1993, p.3).

Butler’s concept of “performativity” is influenced by structural anthropologists such as Victor Turner. Like Turner’s (1967), Butler’s concept of performativity is grounded on the idea that social reality is not a given, but is continually created as an illusion: “reality is created through performance” (Butler, 1993, p.129). According to Turner, performances are both therapeutic and prophylactic; performance is the way individuals negotiate

a natural passage to old age (Turner, 1967). Thus, aging is a last liminal stage (to use Turner's concept) that limits gender performativity. Turner assumed that individuals can only alleviate the difficulties associated with aging within a framework of a "normal" body living a normal life span (Squier, 2004). Our findings show that "the aging body" constrains the embodiment of feminine cultural capital that the women acquired from *Unyago* in the form of habitus. For instance, the women frequently mentioned that they see their body as a crucial but vulnerable form of capital in later life. The discrepancies between an individual's experiences of aging and the cultural expectations of femininity affect women's process of self-identification to the point of generating an emotional form of anxiety, and their "process of self-identification" suffers (Antoninetti & Garrett, 2012).

Feminist gerontologist's notion of "degendering" of late-life identities (Calasanti, 2010) seems to be borne out in this study. Majority of women in this study perceived themselves as failures and incomplete because they can no longer embody internalized habitus (see Figure 1). This characterization of the body is linked to the inability by older women to maintain an appropriate level of performance in gender tasks such as farming hence the subsequent loss of respect and resulting poverty. These results confirm previous findings (e.g., Shilling 2003) suggesting that as people age, their ability to convert body capital into other resources tends to decline. Calasanti (2010) too has findings that indicate that women face higher levels of economic insecurity and higher rates of poverty in old age than men.

Conveniently, the findings of this study, tend to confirm the conclusion reached by Ricci; "that poverty in later life often wears a woman's face". In developing African countries, indicators of poverty tend to reflect severe gender-based disparities (Ricci, 2012). Thus, decline in body's physiological function occurs alongside poor health and well-being among older women. Arguably, many older women reach old age after a lifetime of poverty and deprivation, poor access to health care, and poor diet (Mwanyangala, Mayombana, & Urassa, 2010).

In Tanzania, poverty rates among families that include older women are 22.4 per cent higher than the national average (40.9 per cent compared with 33.4 per cent; UNICEF, 2006). Old-age poverty is strongly related to the struggles women face in accumulating life course capital and entitlements in a patriarchal system, such as access to land, formal education, credit, and jobs with good incomes (Ezer, 2006). This system exacerbates women's poverty, and sustain a vicious cycle of poverty from one generation to the next (Ezer, 2006; HAI, 2011), especially given that older women are the main caregivers for the sick, orphans, and grandchildren (UNICEF, 2006). Gender-based disparities are pervasive, even in the quality of life. In Tanzania, older women, on average, consistently report being in worse health than men (Mwanyangala, Mayombana & Urassa 2010).

Poverty not only affects the health and quality of life of older women, their families and communities, it also affects their access to and the quality of health care (Mahmud Khan, Hotchkiss, Berruti, & Hutchinson, 2006; Mwanyangala et al., 2010). Although our data limit the extent to which we can discuss the impact of poverty on health care access, available evidence indicates that in Tanzania, lower socioeconomic status is associated with poor health, which in turn intensifies the incidence of poverty (Mahmud Khan et al., 2006; Mwanyangala et al., 2010).

The relationship between the concentration of poverty and the availability of primary health care services, the quality of care, service utilization, and health outcomes in remote areas is evident (Mahmud Khan et al., 2006).

In addition, due to limited coverage of formal social security schemes in Tanzania, majority of older people rely on informal safety nets—in the form of intergenerational support (social capital) to survive (Kashaga, 2012; HAI, 2011). Arguably, social capital can mitigate the impact of poverty in later life (HAI, 2011) and enhance the emotional and physical well-being of the aged (Bookwala, 2016).

It is recognized that changes in the family structure due to various factors, such as rural to urban migration, modernization, and the effects of HIV/AIDS, have led to broad social and economic changes that threaten traditional family structures. This in turn affects intergenerational support (HAI, 2011; Kashaga, 2012) pushing many older people into poverty. Arguably, the multigenerational care arrangements—in which frail women were exempted from the more rigorous physical tasks and were assisted by their daughters or daughters-in-law (Mwami, 2001)—within multigenerational family households have been altered (Kashaga, 2012; Mwami, 2001). Older women are increasingly being asked to shoulder parental responsibilities without being given the resources and the support they need from the parents of the children. The notion of the "caregiving burden" seems to be shared cross-nationally (Taylor & Quesnel-Vallée, 2017). However, the difference is that in Tanzania, the caregiving burden is largely borne by older women (who are supposed to be care takers)—older women are the primary caregivers for 40 per cent of Tanzania's 2 million orphans and vulnerable children (UNICEF, 2006).

The major theoretical contribution of this study lies in the clarification of how habitus shapes the meanings older women give to their aging bodies. As Bourdieu (1984) has argued, the body is a source of distinction, and valuations of personal appearance vary across women of different social classes. For instance, whereas most studies conducted in the western context have shown that physical appearance is highly valued by women, and that having an aging body is a source of shame and guilt (Calasanti and Slevin, 2001; Lodge and Umberson, 2013), our findings, however, suggest that the economic hardships that the women in our study face, led them to be less concerned with their physical appearance. As one participant commented; "If I cannot



afford to buy a soap, how can I manage to buy a body cream?”

It is important to recognize, however, that it is not possible to generalize these ideas about the body to Tanzanian culture as a whole. This idea is present in a very particular segment of lower-class Tanzanian women living in a rural area. The qualitative nature of this study means that we cannot use these findings to draw any general conclusions. However, it is important to note that this study seems to support research that suggests that the condition of the body (i.e. physical functions) is important for psychological well-being among older adults (Kendall & Xu, 2015).

Moreover, Bourdieu's formulations are overwhelmingly focused on continuity rather than on change (Shilling, 2003). In western societies, remaining physically and socially active as you age is key to positive quality of life (Sabik & Versey, 2016). The women in this study were involved in the “repetition of gender norms” or continuity. However, continuity was manifested in a negative way, such as in the form of the disappointment and fear they experience because of their aging body. We could argue that these women are experiencing what Turner referred to as a “specific liminal space” (1967), created by the changes in their body in the context of unchanging gender expectations or habitus. Thus, these women occupy transitional spaces in which their new identities (aging) are constructed alongside their older identities (internalized habitus), and thus shape the meaning of being old. Being in this liminal space requires older women to learn how to balance and negotiate their gender identities in later life. It seems that the feminine cultural capital women acquired through *Unyago* does not help them overcome the disadvantages associated with having an aging body. The internalized habitus and social context (e.g., the lack of capital) blocks their access to the ways in which power and agency could be used to escape restricted gender roles (Skeggs 2004).

## Limitations and Future Directions

One of the limitations of this study lies in the fact that the findings are derived from older women of low socioeconomic status who live in a rural community. It is likely that poverty caused the women to develop an instrumental relationship with their body, and that the influences of poverty overshadow the influences of the aging process on their body perceptions. Future research should explore perceptions of the aging body among women who differ in terms of socioeconomic status and location. Another limitation of this study is a wide range in age of participants, i.e., from 60 to 80. Certainly, there may be unique concerns and differences in the ways young-old (60–70) and old-old (71–80) women think and talk about their bodies. Future research should explore how these two age groups would differ with regard to body perceptions.

Polygamy is still widely practiced in Tanzania (Howland and Koenen, 2014), and one-fourth of the women in Tanzania are in such marriages. Future research should therefore, explore how the presence of co-wives shapes how an older wife sees herself, her future and her role in the home.

## Conclusion

Gender-based stereotypes internalized in early adolescence by the older women (in the form of feminine habitus) negatively affect the meaning the women give to their aging body. In turn, these negative perceptions of the aging body affect the individuals' self-esteem, self-efficacy, and resilience. Studies have shown that older people's low-self-esteem/efficacy with regard to their body has a negative impact on their health outcome. Thus, health care practitioners should be alert to this potential impact. Programs aimed at changing beliefs should closely attend to the expectations men and women have of each other, and customize their approaches to the specific culture. Moreover, there is a need for policy interventions and programs that challenge the customary laws that deny women ownership and control of capital. Programs aimed at reducing poverty among older women and at enhancing their resources are also needed. In addition, Tanzanian development frameworks should address aging issues and develop poverty reduction strategies specifically focused on improving the well-being of older people.

## Funding

This work is supported by the Netherlands Initiative for Capacity Building in Higher Education (NICHE/TZA/018 063). NICHE is funded by the Netherlands Organization for International Cooperation in Higher Education (NUFFIC).

## Conflict of Interest

None reported.

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